Substitute for form 1449A&B/PTO				Complete if Known		
				Application Number	10/046,654	
INFOR	RMATION DIS	CLOS	URE	Filing Date	October 26, 2001	
STATEMENT BY APPLICANT			ANT	First Named Inventor	Neofytides, Cheryl L.	
				Art Unit	3691	
(Use as many sheets as necessary)				Examiner Name	Akintola, Olabode	
Sheet	1	of	3	Attorney Docket Number	020375-000220US	

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Examiner Initials*	Cite No. ¹	Document Number Number Kind Code ^{2 (if known)}	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear		
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Examiner Signature	/Olabode Akintola/ (07/29/2008)	Date Considered					

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				Art Unit	3691	
(Use as many sheets as necessary)				Examiner Name	Akintola, Olabode	
Sheet	2	of	3	Attorney Docket Number	020375-000220US	

Examiner Initials*	Cite No.1	F Country Code ³	Foreign Patent Document Country Code ³ Number ⁴ Kind Code ⁵ (<i>if known</i>)		Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	
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	BD	JP	411025171	l A	Mar-2006	Sasaki		

NON PATENT LITERATURE DOCUMENTS									
Examiner Initials *	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.							
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Examiner Signature		/Olabode Akintola/ (07/29/2008)	Date Considered						

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Signature

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